BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	!D NO.	DATE		
FEE DETERMINATION	Sm		10/27/09		
O.I.P.E. CLASSIFIER		21	11/2/19		
FORMALITY REVIEW		65372	11-22 29		

INDEX OF CLAIMS

•	Rejected	N	Non-elected
=	Allowed	ı	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

Claim Date Claim Claim	Date
110 110 2	
110 110 2	
110 110 2	
2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
2	
3 4 113 114 5 115 115 115 6 117 117 118 9 10 118 119 10 11 110 110 11 12 60 1 110 11 62 112 112 13 113 113 113	
5 115 6 116 7 117 8 117 118 119 10 11 11 11 12 11 13 11 62 112 63 113	
6	
7	
8	
10	
10 60 110 110 111 12 13 13 13 13 13 1	
10 60 110 110 111 12 13 13 13 13 13 1	
11	
13 63 1113	
	
15 65 115	
16 66 1116	
67	
18	
╎┈┧┈╅┥┧╴╫╶┧╴╎┈╎┈╎┈╎┈ ┼┈┩╸╏ ┈╽┈╏╏╏╏╏╏╏╏╏╏╏╏╏╏╏	
19 69 119 119	
20	
21 71 71 71 71 71 71 71 71 71 71 71 71 71	
22 72 122	
23 73 123	
24 74 74 74 72	
25 75 125	
26 1 76 1 126	
77	
28 1 1 128	
29 / 1 79 79 129	 - - - - - - - - - - - - - - - - - - -
30	
31 81 131	
82 32	┦╸╎╶╏┈╏╸╏┈
33 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	┞╶┞┈╏┈╏┈╏
└────────────────────────────────────	╿╶╏╶╏╶╏ ╌╏
35	╎╶╎╸╎╶╎╸┤╸┩╴ ┦╸
	╎╏╏╏ ┼┼┼┼┼┼┼┼┼
	▎▗ ▎▃┼┈┼┈┼┈┼┈┼
38	┊ ┼┼┼┼┼
39 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	┡┋
40	
91 141	
92 142	
93 1 143	
94 1 144	
95 145	
96 146	
97 147	┞╶╏┈╏┈╏┈╏┈╏
97 147 98 148	┞┪ ╋╫
	╿╶╿ ╌╂╌╂╌╂╌╂╌╂
99 149 150	╎╎╎┝ ╁╾╂╼╂╾╂╾╉╸
100 1150	

If mor than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)

